761551N52A – SH-AD (11/90)

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE: February 19, 2016

FROM: KELLEY S. FRASER, COMMANDER
SOUTH PATROL DIVISION

TO: PATRICK NELSON, CAPTAIN
LANCASTER STATION

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:	FO2375679
Incident:	Use of Force
Incident Date:	March 8, 2015
Unit:	Lancaster Station
Suspect:	[redacted] MW/[redacted]
Involved Employees:	Deputy Candice Bivens #[redacted] Deputy Donald Nelson #[redacted]
EFRC Date:	February 18, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, Ralph J. Webb and Eddie Rivero met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC made no recommendations.

KSF:JRB:jrb

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FROM: KELLEY S. FRASER, COMMANDER
SOUTH PATROL DIVISION

TO: DONNIE MAULDIN, CAPTAIN
INTERNAL AFFAIRS BUREAU

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Supervisor's Report on Use of Force

Incident Information

Field	Value
URN	915-04156-1182-391
Date	March 8, 2015
Time	0230
Location	[redacted] Sondi Drive
City or Station	Lancaster
Bureau/Station/Facility	Lancaster Station
Admin. Investigation	○ YES ◉ NO
Type of Force	Team Take down/ Control Holds/ Resistive Handcuffing
Incident Category	○ 1 ○ 2 ◉ 3
Deputy Injury	○ YES ◉ NO
Suspect Injury	◉ YES ○ NO
☒ Call ☐ Observation ☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit
IAB Notified	◉ YES ○ NO
Person Notified	Lt. Todd Weber
Emp	[redacted]
IAB Roll Out	◉ YES ○ NO

Involved Employee

E 1

Employee #	Last Name	First Name	Middle I.	Rank
[redacted]	Bivins	Candice		DSG

Sex	Race	Height	Weight	Age	Shift	
○ M ◉ F	Blk	507	131	[redacted]	◉ EM ○ Day ○ PM	○ Regular Shift ◉ OT Shift ○ Off Duty

Unit of Assignment: Lancaster Station

Work Assignment (Unit #, Module, etc.): 113

Individual Force Used: Team Take Down/ Control Holds/ Resistive Handcuffing

○ Directed ○ Rescue ○ Medical Assist

Individual Category: ○ 1 ○ 2 ◉ 3

☐ Injured ☐ Treated ☐ Admitted Facility: ______

Coroner Case #

E 2

Employee #	Last Name	First Name	Middle I.	Rank
[redacted]	Nelson	Donald		DSG

Sex	Race	Height	Weight	Age	Shift	
◉ M ○ F	W	511	165	[redacted]	◉ EM ○ Day ○ PM	○ Regular Shift ◉ OT Shift ○ Off Duty

Unit of Assignment: Lancaster

Work Assignment (Unit #, Module, etc.): 113

Individual Force Used: Team Take Down/ Control Holds/ Resistive Handcuffing

○ Directed ○ Rescue ○ Medical Assist

Individual Category: ○ 1 ○ 2 ◉ 3

☐ Injured ☐ Treated ☐ Admitted Facility: ______

Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
○ M ○ F					○ EM ○ Day ○ PM	○ Regular Shift ○ OT Shift ○ Off Duty

Unit of Assignment:

Work Assignment (Unit #, Module, etc.):

Individual Force Used:

○ Directed ○ Rescue ○ Medical Assist

Individual Category: ○ 1 ○ 2 ○ 3

☐ Injured ☐ Treated ☐ Admitted Facility: ______

Coroner Case #

On Duty Supervisor

☐ Additional Involved Employees

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Chang	Francois		SGT.	YES ○ NO ◉	YES ○ NO ◉

Supervisor Completing Investigation

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	[redacted]	[redacted]		[redacted]	YES ○ NO ◉	YES ○ NO ○

Watch Commander / Supervising Lieutenant

Emp #	Last Name	First Name	Middle I.	Rank
[redacted]	Grall	David		LT.

Watch Commander / Supervising Lieutenant's **Signature:** ______ Date ______ Copy Provided to Employee by: ______ Emp #: ______

Unit Commander **(Print Name)** ______ Unit Commander's **Signature:** ______ Emp #: ______ Date ______

DISCOVERY Use Only
FO#

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

SH-R-438P (Rev. 01/13)

Supervisor's Report on Use of Force
SUSPECT INFORMATION

9 1 5 - 0 4 1 5 6 - 1 1 8 2 - 3 9 1

Suspect Information — S 1

Last Name: [REDACTED] | First Name: [REDACTED] | Middle Name: | Armed? Select: Not Armed

AKA Last Name: | First Name: | Middle Name:

Sex: (●) Male ( ) Female | Race: W | Age: 16 | Height: 605 | Weight: 175 | D.O.B: [REDACTED] | Phone #1: (●) H ( ) W ( ) C [REDACTED] | Phone #2: ( ) H ( ) W (●) C [REDACTED]

Street Address: [REDACTED] | City: [REDACTED] | State & Zip Code: [REDACTED]

Booking #: [REDACTED] | Primary Charge Code: 602PC | Secondary Charge Code: | [REDACTED] Criminal History

Treated on Scene? (●) YES ( ) NO | Name: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: A.V. Hospital | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: Dr. Michael Gertz | Address: 1600 West Ave. J, Lancaster | Phone #: (661)949-5000

Under Influence: (●) YES ( ) NO | Substance: Alcohol | 5150 a factor in force? ( ) YES (●) NO User's guide provides direction on this entry

Suspect Interview

Date: 03/08/15 | Time: 1205 | ☐ Audiotape: | ☒ Videotape: | ☒ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information — S_

Last Name: | First Name: | Middle Name: | Armed? Select:

AKA Last Name: | First Name: | Middle Name:

Sex: ( ) Male ( ) Female | Race: | Age: | Height: | D.O.B. | Weight: | Phone #1: ( ) H ( ) W ( ) C | Phone #2: ( ) H ( ) W ( ) C

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ( ) YES ( ) NO | By: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: | Address: | Phone #:

Under Influence: ( ) YES ( ) NO | Substance: | 5150 a factor in force? ( ) YES ( ) NO User's guide provides direction on this entry

Suspect Interview

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information — S_

Last Name: | First Name: | Middle Name: | Armed? Select:

AKA Last Name: | First Name: | Middle Name:

Sex: ( ) Male ( ) Female | Race: | Age: | Height: | D.O.B. | Weight: | Phone #1: ( ) H ( ) W ( ) C | Phone #2: ( ) H ( ) W ( ) C

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ( ) YES ( ) NO | By: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: | Address: | Phone #:

Under Influence: ( ) YES ( ) NO | Substance: | 5150 a factor in force? ( ) YES ( ) NO User's guide provides direction on this entry

Suspect Interview

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

☐ **Additional Suspects Involved**

Supervisor's Report on Use of Force

9 1 5 - 0 4 1 5 6 - 1 1 8 2 - 3 9 1

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(RO) Restraint Device (Other)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(IR) Less Lethal Impact Round (other)
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative
(HR) High Risk

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Involved

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Heasley	S#1	Bivins	E#1	RS	NN	
Heasley	S#1	Nelson	E#2	RS	NN	
Bivins	E#1	Heasley	S#1	CT	NN	
Nelson	E#2	Heasley	S#1	CT	NN	
Bivins	E#1	Heasley	S#1	TT	FR	KN
Nelson	E#2	Heasley	S#1	TT	FR	KN
Bivins	E#1	Heasley	S#1	RH	NN	
Nelson	E#2	Heasley	S#1	RH	NN	